

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 17, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for joint mobilization, medical reports, stimulation, subsequent office visits, vasopneumatic, and therapeutic activities. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$450.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. (Requestor withdrew fee issues 99080 for dates of service 09-30-02 and 01-21-03.) The respondent raised no other reasons for denying reimbursement of joint mobilization, medical reports, stimulation, subsequent office visits, vasopneumatic, and therapeutic activities.

This Findings and Decision is hereby issued this 5th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 09-26-02 through 01-29-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 5th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/gr

December 3, 2003

NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter

RE: MDR Tracking #: M5-04-0211-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 36 year-old male who sustained a work related injury on ___. The patient reported that while at work he was lifting a battery out of the back of his truck when he began to experience back pain. An MRI on 9/16/02 of the lumbar spine showed a disc herniation at L5-S1 and a L4-L5 broad based disc protrusion. In 12/02 the patient underwent an EMG study that indicated left sided S1 radiculopathy. The diagnoses for this patient included lumbar herniated nucleus pulposus and lumbar radiculitis.

The patient underwent epidural steroid injections at the L5-S1 level on 10/17/02. The patient was also treated with electrical stimulation, therapeutic activities, joint mobilization, and oral medications and has undergone a L4-L5, L5-S1 microdiscectomy on 2/11/03.

Requested Services

Joint mobilization, medical reports, stimulation, subsequent office visits, vasopneumatic and therapeutic activities from 9/26/02 through 1/29/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 36 year-old male who sustained a work related injury to his back on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient have included lumbar herniated nucleus pulposus and lumbar radiculitis. The ___ chiropractor reviewer further noted that treatment for this patient has included electrical stimulation, therapeutic activities, joint mobilization, oral medications, epidural steroid injections and a microdiscectomy on 2/11/03. The ___ physician reviewer explained that the patient did respond to treatment. The ___ chiropractor reviewer further explained that although the patient underwent back surgery 2/11/03, the treatment before surgery was medically necessary. Therefore, the ___ chiropractor consultant concluded that the joint mobilization, medical reports, stimulation, subsequent office visits, vasopneumatic and therapeutic activities from 9/26/02 through 1/29/03 were medically necessary to treat this patient's condition.

Sincerely,